

FOR YOUR INFORMATION

PLEASE POST

Activity: Rescue Squad Captains' Meeting

Date: September 8, 2011

Organizations Represented: Public Safety Administration
Squad 3/Ferrum Rescue
Squad 6/Snow Creek Rescue
Squad 8/Fork Mountain Rescue
Squad 10/Scruggs Rescue
Franklin County Communications – E-911
OMD – Dr. Charles Lane

Organizations Not Represented: Squad 1/Career
Squad 2/Franklin County Rescue
Squad 4/Glade Hill Rescue
Squad 5/Callaway Rescue
Company 7/Boones Mill EMS
Squad 9/Red Valley Rescue
Squad 11/Dive Team
Squad 13/Cool Branch Rescue

TOPICS OF DISCUSSION: Please find below a summary of the topics that were discussed and relevant information regarding these topics. If you have any questions, please contact your Rescue Captain for details.

- The meeting was moderated by Public Safety Director, Daryl Hatcher. Mr. Hatcher opened the meeting by welcoming everyone and thanking them for their attendance.
- Mr. Hatcher advised that OptiCom was being installed in the vehicles now. All ambulances and some response vehicles will be equipped. Installation in all vehicles will be complete within the next few weeks. Mark Cronk with Valley Communications will be contacting each agency to schedule a time to install the internal transmitters on the vehicles. As a reminder to all responders: The Opticom is activated when the red lights on the vehicle are in the "on" position only. When an emergency vehicle with red lights is approaching a traffic light the internal transmitter will activate the traffic light to change allowing the apparatus to proceed through the intersection but it is not instantaneous so the emergency apparatus needs to continue to exercise extreme caution until cleared. Also, lights will be disabled automatically if the vehicle is in the "P" position or if the parking brake is set (Med 10) For more information on the Opticom and how it works contact Mr. Hatcher or Billy Ferguson.
- Mr. Hatcher also advised the group of the priorities for the Board of Supervisors. He indicated that the Board would like to see more stations and emergency medical

dispatching. There are no definite timelines on these projects but the Board would like to implement as budget restraints and timeframes allow. For more information regarding this topic, contact Mr. Hatcher.

- Mr. Hatcher provided everyone with a copy of a letter from William D. Duff, Battalion Chief with Roanoke County Fire and Rescue to Gary Brown, Director of Virginia Office of EMS. At the present time Virginia is using NEMSIS version 1 for reporting but the state has proposed changing to version 3. On behalf of several jurisdictions, including Franklin County, Battalion Chief Duff sent this letter to the state asking that questions be answered regarding the rationale for changing to the new version. We will keep you updated as more information becomes available on this topic.
- Mr. Hatcher distributed copies of the new Durable DNR forms and the fact sheet guidelines to all representatives in attendance. Copies of the form and fact sheet are attached to these minutes. More copies or more information regarding the DDNR can be obtained at the Virginia Office of EMS website.
- Mr. Hatcher advised that Mike Pruitt, Deputy Division Chief, was out of the office due to a family emergency and provided the following class information on Mr. Pruitt's behalf:
 - An EMT class will start in January.
 - The Office of EMS will be making changes to the testing policies. More information regarding the changes will be sent out as it is made available.
 - ACLS, PALS, EVOC and Vehicle Extrication classes coming up, contact Public Safety administration to register.
 - The State of Virginia will continue to recognize the training level, EMT-I, contact Mike Pruitt for information regarding any of these training topics.

Division Chief of Operations, Billy Ferguson presented the following information:

- It is time for the Chiefs and Captains to review the vehicle purchase plan to determine needs and rotations for upcoming vehicle purchases. Chief Ferguson will be scheduling a meeting for this purpose. Each department will be notified when the meeting is scheduled.
- In an effort to reduce the number of injuries to our volunteers, an Injury Review Committee will be formed to review our submitted claims. This committee will make safety recommendations and any training recommendations that may be necessary to increase the safety of our responders and decrease the potential for bodily injury. The committee will be: Billy Ferguson, Toby Hodges, Doug Nunn, Jeff Minnix, Darrell Wimmer and Steve Metts.
- The re-programming of the radios is going well and Billy hopes to have everything completed for all vehicles and portables this month. If your agency is experiencing

problems with the programming or if your radios have not been programmed, contact Billy as soon as possible to make sure this is completed.

- An ImageTrend Quality Assessment team is being formed to review all aspects of the new reporting software. The representative from rescue will be Rob Whitener. Also on the committee will be Belinda Hodges and Steve Crook. A representative from the fire departments will also be on the committee.
- The administrative office has been receiving more and more calls from citizens reporting that emergency vehicles are being operated by drivers who are talking/texting on cell phones. Please be aware that this is not a safe practice. It is strongly discouraged and the driver of the emergency vehicle should not be talking/texting on the phone while driving.
- Billy reminded everyone that on the 3rd Monday of each month he is on Cable 12 and encouraged anyone who would like to be on the show to contact him. Contact Billy for more information regarding this topic.

Dr. Lane presented the following information:

- The final draft of the new protocol is anticipated to roll out in January 2012. Some of the new protocols will require specialized training. The training will be offered multiple times in order for all personnel to be trained. More information will be announced as it becomes available.
- There are shortages on some drugs that are currently in the drug boxes. If a drug is substituted in a drug box that you receive it will be noticeably flagged. Stat boxes will be eliminated.
- Presently, Carilion Franklin Memorial Hospital is experiencing a larger than normal volume of patients, make sure that you call in early when transporting a patient there to insure that there is space available for your patient.

Discussion from the Group:

- There was much discussion about the radio re-programming and radio operations from the entire group. There are still areas that the radios cannot be heard. Bill Agee made note of the concerns and is working to find measures to help this situation.

Questions and Comments were called for.

The meeting was adjourned.

About.com. Minneapolis / St. Paul

The OptiCom System: The White Lights on Minneapolis/St. Paul Traffic Signals

By [Clara James](#), About.com Guide

What are the white lights mounted on traffic signals? They are part of the OptiCom system, which changes the signals in response to an approaching emergency vehicle. The traffic signals change to give the emergency vehicle a green light, and the other traffic a red stop light. The white lights are to warn drivers that an emergency vehicle is approaching, and to pull over out of the way.



A St. Paul Fire Truck

Clara James

The Opticom name is a trademark of the 3M corporation, and the system is also known as Emergency Vehicle Preemption or EVP.

Fire trucks, ambulances, and other emergency vehicles are equipped with a transmitter that sends a high-frequency signal to a receiver at the traffic signals. The receiver sends a message to the signal control box to give the approaching emergency vehicle a green light. The floodlights light up or flash to warn motorists that emergency vehicles are approaching, and they need to stop.

If you see a white floodlight flashing, or lit, at an intersection, it means that an emergency vehicle (or vehicles) is approaching. Pull safely to the side of the road, without blocking the intersection. Wait for all the emergency vehicles to pass, and the floodlight to go out before proceeding.

If the white light is flashing it means that the emergency vehicle(s) are approaching the intersection from a different direction than you are. If you signal is green, it will soon change to red. Treat a flashing white light as a red light. Pull safely to the side of the road and stop. Unless you are in danger of being hit by the car behind, in which case proceed through the intersection, but be prepared to pull over and stop - the emergency vehicles are approaching from another direction, but may be turning down the street you are on.

If the white light is on but not flashing it means that the emergency vehicle(s) is approaching the intersection on the same street that you are on. The emergency vehicles are either in front of you, or behind you. If the signal is red, it will change to green. Treat it as a red light. Pull safely to the side of the road, stop, and wait until all the emergency vehicles have passed. Unless you are in danger of being hit by the car behind, in which case proceed through the intersection then stop safely as soon as you can

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County of Roanoke

FIRE AND RESCUE DEPARTMENT

RICHARD E. BURCH, JR.
CHIEF

August 31, 2011

Gary Brown, Director
Virginia Office of EMS
1041 Technology Park Dr.
Glenn Allen, VA 23059-4500

Dear Mr. Brown:

At the last VAGEMSA meeting, I asked several questions regarding the VPHIB program. Since our time was limited, and Paul Sharpe was not available, I felt I should submit them to you in writing. My questions are:

1. **Why are we going to NEMSIS v3?** The EMS agencies and providers in the Commonwealth have invested a significant amount of time, effort and resources to get to the current level of reporting. We are just now reaching stability in reporting to the VPHIB system since its implementation. It is our goal for our providers to decrease their out of service time at the hospital and the addition of more mandated elements will only serve to increase the time for our personnel to complete call reports. OEMS has also stated that a majority of the 3rd party vendors will be unable to support NEMSIS v3. This will require the agencies that use 3rd party vendors to incur additional expense, time and resources to customize their reporting software or completely change EPCR systems.
2. **Is the end result of the data collection worth the total investment?** My department spent hundreds of hours to reach the current level of reporting in addition to the additional time required on every call to comply with mandated data sets. Statewide, if we placed a monetary value on all the time invested and future time required, the benefit of our investment is not evident especially when OEMS will not share the data with regional councils for their use in evidence based decisions.
3. **I would like more information on why the quality standards are going to increase?** OEMS announced that it will be working toward a 95% validity score. There are elements that are not on the OEMS data element list, but are graded in validity and OEMS is regulating the data as to what quantity of a certain selection

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County of Roanoke

FIRE AND RESCUE DEPARTMENT

RICHARD E. BURCH, JR
CHIEF

is acceptable. Providers should not be forced to try to recall information that happened days and weeks ago just to satisfy state mandated data elements that are not relevant to the call. I feel that this will place more burdens on EMS agencies and feel the VPHIB program is becoming a diversion to good and proper EMS documentation. A provider may focus more on meeting the validation requirements than writing a thorough and defensible EMS report.

I appreciate your time at the VAGEMSA meeting and your response to these questions. We appreciate what OEMS has done over the years and I hope that our inquiry is taken in a constructive manner that will serve to express our views and concerns over the upcoming changes. We look forward to working with OEMS in the future however we feel that the providers, local governments, and agencies are carrying the extra load when it comes to the VPHIB program.

Sincerely,

William D. Duff
Battalion Chief

CC: Mike Harman, VAGEMSA
Paul Sharpe, OEMS
Rob Logan, WVEMS council



Durable Do Not Resuscitate Order

Virginia Department of Health

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

- ☐ 1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required)
- ☐ 2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

- ☐ A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- ☐ B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf is required.)
- ☐ C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf is required)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name

Physician's Signature

Emergency Phone Number

Patient's Signature

Signature of Person Authorized to Consent on the Patient's Behalf

Copy 1 – To be kept by patient



Durable Do Not Resuscitate Order

Virginia Department of Health

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

- ☐ 1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required)
- ☐ 2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

- ☐ A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- ☐ B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf is required.)
- ☐ C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf is required)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name

Physician's Signature

Emergency Phone Number

Patient's Signature

Signature of Person Authorized to Consent on the Patient's Behalf

Copy 2 – To be kept in patient's permanent medical record



Durable Do Not Resuscitate Order

Virginia Department of Health

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

- ☐ 1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required)
- ☐ 2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

- ☐ A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- ☐ B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required.)
- ☐ C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name

Physician's Signature

Emergency Phone Number

Patient's Signature

Signature of Person Authorized to Consent on the Patient's Behalf

Durable Do Not Resuscitate (DDNR) FACT SHEET

Virginia Department of Health Office of Emergency Medical Services

Information for the public related to obtaining a DDNR order/form:

- Who Can Obtain a Durable Do Not Resuscitate (DNR) Order?

Persons desiring to have a DDNR order in place need to speak with a physician that they have a “bona-fide” patient-physician relationship with, such as your primary care physician. A nurse practitioner (NP) may also write a DDNR order following the same rules that apply when prescribing other treatments.

If the person desiring a DDNR order is a minor or is otherwise incapable of making an informed decision regarding consent for such an order; the person authorized to consent on the person's behalf may initiate a DDNR order with the person's physician.

Information and Responsibilities for Health Care Provider's Issuing (DNR) orders:

- The use of the State's DDNR form is encouraged for uniformity throughout the health care continuum.
- The State's DDNR form can be honored by qualified health care providers in any setting.
- Patient's that will not be within a qualified health care facility (i.e. at home) must have an authorized State DDNR form in order for the DDNR to be honored.
- “Other DNR” orders can be honored anytime that a person is within a qualified health care facility or during transport between health care facilities when attended by a qualified health care provider (i.e. by ambulance.)
- If the option of a DDNR is agreed upon, the physician shall have the following responsibilities:
 - Explain when the DDNR order is valid;
 - Explain how to and who may revoke the DDNR;
 - Document the patient's full legal name;
 - Document the date the DDNR was executed;
 - Obtain the patient's signature or the person who is authorized to consent on behalf of the patient;
 - The physician's printed name and signature must be included;
 - Note a valid contact number for the physician signing the DDNR order.

Information for Virginia Certified Emergency Medical Service (EMS) Providers:

- Do EMS Providers need to see an original Durable DNR or Other DNR Order?

NO; as of July 21, 2011 legible copies of a DDNR order may be accepted by qualified health care providers

- What types of DDNR forms or orders can be honored by EMS providers?
 - The VDH/OEMS “State” DDNR form (old or new) can be honored at any time;

- Authorized “Alternate DDNR Jewelry” can be honored at any time, but it must contain equivalent information to the State form;
- A verbal order from a physician can be honored by a certified EMS provider. The verbal order may be by a physician who is physically present and willing to assume responsibility or from on-line medical control.
- “Other” DNR Orders: this is the term used to define a physician’s written DNR order when it is in a format other than the State form. “Other” DNR Orders should be honored by EMS providers’ when the patient is within a license health care facility or being transported between health care facilities. Examples of “Other” DNR orders include facility developed DNR forms, POST forms, or other documents that contain the equivalent information as the State form.

How to Download the DDNR and Find Additional Information on the DDNR program:

As of July 21, 2011 the State DDNR form has been changed to a downloadable document that can be found on-line on the VDH/OEMS website at <http://www.vdh.virginia.gov/oems/ddnr/ddnr.asp>.

- The new downloadable DDNR form:
 - The revised DDNR form can be printed on any color paper (white paper printed on a color printer is the recommended.)
 - Health care providers may honor a legible copy of any of the three paged revised DDNR form. The patient copy, medical record copy, or DDNR jewelry copy all may be honored.
 - It is recommended that all photocopies of DDNR forms, of any type, be of actual size
- The previous golden rod colored State DDNR form:
 - May still be honored no matter when it was dated;
 - Physicians may still complete the golden rod State DDNR forms until supplies are exhausted;
 - Photocopies of completed golden rod colored State DDNR form may be honored indefinitely.

This Web site includes:

- The downloadable DDNR form
- DDNR Fact Sheet
- How to Fill Out the Durable Do Not Resuscitate Form
- How to Purchase DDNR Bracelets and Necklaces
- The applicable Virginia laws (Code of Virginia) related to DDNR
- Virginia Durable DNR Regulations

For technical assistance downloading the form you may contact Mr. Russ Stamm at the Office of Emergency Medical Services at (804)888-9146 or Russ.Stamm@vdh.virginia.gov or write 1041 Technology Park Drive, Glen Allen, Virginia 23059.



Purpose

The Durable Do Not Resuscitate (DDNR) and its regulations have been developed to carry out the intent of applicable Virginia law that provides a person the opportunity to execute a DDNR that comports with his/her wishes.

Applicability

The DDNR form may be honored by any "qualified health care personnel," which is defined as any qualified emergency medical services personnel and any licensed healthcare provider or practitioner functioning in any facility, program or organization operated or licensed by the State Board of Health, or by the Department of Mental Health, Mental Retardation and Substance Abuse Services or operated, licensed or owned by another state agency.

Instructions

12VAC5-66-70. Issuance of a Durable DNR Order Form or Other DNR Order.

A Durable DNR Order Form or Other DNR Order may be issued to a patient by a physician, with whom the patient has established a bona fide physician/patient relationship, as defined by the Board of Medicine in their current guidelines, only with the consent of the patient or, if the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order, upon the request of and with the consent of the person authorized to consent on the patient's behalf.

1. The use of the Virginia Department of Health's Office of Emergency Medical Services (VDH/OEMS) authorized Durable DNR Order Form is encouraged to provide uniformity throughout the health care continuum.
2. The authorized Durable DNR Order Form can be honored by qualified health care providers in any setting.
3. Patients that are not within a qualified health care facility must have an authorized Durable DNR Order Form (State Form) to be honored by qualified health care providers.
4. Other DNR Orders can be honored any time when a patient is within a qualified health care facility or during transfer between qualified health care facilities when the patient remains attended by qualified health care providers.
5. The physician shall explain to the patient or the person authorized to consent on the patient's behalf, the alternatives available. If the option of a Durable DNR Order is agreed upon, the physician shall have the following responsibilities:
 - a. Explain when the Durable DNR Form is valid.
 - b. Explain how to and who may revoke the Durable DNR.
 - c. Document the patient's full legal name.
 - d. Document the execution date of the Durable DNR.
 - e. Obtain the signature of the patient or the person authorized to consent on the patient's behalf on all three forms, the patients copy, medical record copy, and the copy used for obtaining DNR Jewelry.
 - f. The physician name should be clearly printed and the form signed.
 - g. Note the contact telephone number for the issuing physician.

- h. Issue the original Durable DNR Order Form, Copy 1 is to be kept by the patient, Copy 2 is to be placed in the patient's medical record, and Copy 3 used to order DDNR Jewelry. All three copies may be honored by qualified health care providers whether it is an original or photocopy..
- i. The person to whom a Durable DNR order applies or the person authorized to consent on the patient's behalf must present the following information to the approved vendor in order to purchase and be issued an approved Alternate Durable DNR necklace or bracelet. The necklace or bracelet must contain the following information:
 - i. The following words: Do Not Resuscitate;
 - ii. The patient's full legal name;
 - iii. The physician's name and phone number; and
 - iv. The Virginia Durable DNR issuance date.

Revocation

Revocation of a Durable DNR Order Form - A Durable DNR Order Form may be revoked at any time by the patient (i) by physically destroying the Durable DNR Order Form or having another person in his/her presence and at his/her direction destroy the Durable DNR Order Form and/or any alternate form of identification; or (ii) by oral expression of intent to revoke. If an Other Durable DNR Order exists and a patient or their authorized agent revokes the Durable DNR, health care personnel should assure the revocation is honored by updating or destroying the Other Durable DNR Order;

Signature of the Patient

The patient shall be informed that they are signing that they direct that in case of cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation will not be initiated and not be continued once initiated. They shall understand that they may revoke these directions at any time by physical cancellation or destruction of this form or by orally expressing a desire to be resuscitated to qualified health care personnel. They shall also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

If the patient is a minor or not legally capable of making an informed decision the person authorized to consent on the patient's behalf shall sign that by virtue of their relationship to the patient (i.e. designated agent, guardian or committee, spouse, adult child, parent, adult brother or sister, other relative in descending order of blood relationship.) In this capacity, they direct that in the case of the patient's cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated and not be continued once initiated. They shall understand that they may revoke these directions at any time by physical cancellation or destruction of this form or by orally expressing this desire to be resuscitated to qualified health care personnel. The shall also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

More information can be found on-line at <http://www.vdh.virginia.gov/OEMS/DDNR/index.htm>



Sept. 8, 2011

Captains Meeting Agenda:

- I. Opticom update
 1. ALL Ambulances will be equipped.
 2. Some response vehicles.
 3. Lights will disable automatically in "P" or if parking brake is set. (Med 10)
 4. Handouts
- II. Board Priorities
 1. Increased support of volunteers.
 - a. Strategic placement of new and refurbished facilities (stations)
 - b. Emergency Medical Dispatch (EMD)
- III. OEMS Patient data collection
 1. VAGEMSA letter from Roanoke Co. distributed re: VPHIB.
 2. Regional EMS Councils also requested they be allowed to access state data.
 - a. Protocol development
 - b. Drug box contents
 - c. Hospital exchange program
- IV. Durable DNR Changes
 1. Distribute DDNR fact sheets from OEMS
 2. Distribute new DDNR forms to each department.
- V. Operations issues
 1. Billy Ferguson
- VI. Training Issues
 1. Mike Pruitt
 - a. Mid January tentative start EMT-B
 - b. OEMS testing changes
 - c. ACLS – October 1, 2011 8:30 am FCDPS
 - d. PALS – Nov 5, 2011 8:30 am FCDPS
 - e. Vehicle Ext- 11/12/11 8:30 am Franklin Co Rescue
- VII. Medical Director issues Dr. Charles Lane